PTO/SB/06 (08-00)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 9-13383-31US OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE \$ 375 OR \$ (37 CFR 1.16(a)) TOTAL CLAIMS 1 x \$_9 = 21 minus 20 = 9 (37 CFR 1.16(c)) OR x \$ INDEPENDENT CLAIMS 0 = 0 minus 3 = 0 OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0 OR 0 384 TOTAL OR TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR **SMALL ENTITY** (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING **PRESENT** NUMBER RATE TIONAL TIONAL RATE **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus = (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL 0 0 OR (Column 1) ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) CLAIMS **HIGHEST** ADDI-ADDI-REMAINING NUMBER **PRESENT** TIONAL RATE RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR Total OR = Minus (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL 0 0 OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR Total OR ** = Minus (37 CFR 1.16(c)) OR Independent *** Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL 0 0 OR

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

ADDIT, FEE

ADDIT, FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

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		CLAIMS AS	S FILED - (Column	(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
то	TAL CLAIMS		7.1				ſ	RATE	FEE	•	RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			2 (minus 20=		*			X\$ 9=	9	OR	X\$18=	
IND	EPENDENT CL	AIMS	minus 3 =		* `			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					"0" in c	column 2	L.	TOTAL	98U.	OR	TOTAL	
CLAIMS AS AMENDED - PA					T II			Υ	2 10 5		OTHER	THAN
(Column 1) (Col						(Column 3)		SMALL	NTITY	OR.	SMALL	1
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***]=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	ENDEN	CLAIM		1	+140=		OR	+280=	
							L	TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)								NDDIT. FEE		۱۰۰۰	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		 	+140=			+280=	
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ADDIT. FEE										OR	ADDIT. FEE	
		(Column 1) CLAIMS		(Colui		(Column 3)	1 -	 ,				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
L_	FIRST PRESENTATION OF MULTIPLE DEPENDEN						1					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3,									OR	+280=		
**	If the "Highest Nu If the "Highest Nu	mber Previously P Imber Previously P Inber Previously Pa	aid For" IN THI aid For" IN THI	S SPACE	s less tha	an 20, enter "20 an 3, enter "3."		ODIT. FEE	propriate box		ADDIT. FEE	